

Paint Request Form

Resident Name:				
Address:				
Rooms/Area to be pai	nted (*excluding kitchen, b	pathrooms, fences, ceili	ngs, and garages) :	
	• • • • •	• • • •		
	paint according to g			
Option A: App	oroved Color Palate -	Painting Guideline	es	
COLOR OF	COLOR	BRAND	STOCK#	FINISH
PAINT TO BE USED (MAXIMUM OF TWO)	Purity	PPG Paints	PPG14-20	Eggshell
	Moss Tint	PPG Paints	PPG Custom MT	Eggshell
	Heavy Cream	PPG Paints	PPG1098-2	Eggshell
	Skipping Stone	PPG Paints	PPG1027-2	Eggshell
	Linen Tint	PPG Paints	PPG16-09	Eggshell
	Crushed Silk	PPG Paints	PPG1024-3	Eggshell
Ontion B. Col	ore and Finishes NOT	in the Approved	Dalata	
Option B: Col	ors and Finishes NOT	in the Approved	Palate	
Homes Interior Paint Poli responsibility to prime th (an average cost of approand labor to restore the vand have followed the Interior	hat painting will be comple cy. If I have chosen to use a e painted walls prior to mo eximately \$115 per room), pa walls to their original condi terior Paint Policy, I may lea et, doors, windows, tile, blin	a color or finish not incove out or pay a charge ayable upon move out. tion. If I have chosen to ave the painted wall(s)	luded in the Approved of \$.90 per square foot This charge will cover to paint using an approv as-is at move out. Any o	Color Palate, it is my compainted wall space he cost of supplies ed color and finish damage or paint on
Resident Signature:		Date:		
	o perform painting at this h	N	Nountain Community Homes Represent	ative
	d		Nountain Community Homes Represent	ative
Reason for denial				